

Mileage
Date Billed

Utah Department of Agriculture & Food
Brine Shrimp Inspection Report

Facility Name

Business License No. _____ Licensed ☐ yes ☐ no

Bonded for product liability ☐ yes ☐ no

Current Inspection Date _____ Last Inspection Date _____

Business Address _____

Plant Address _____

Business Phone _____ Plant Phone _____

Contact Person _____

Facility Cleanliness

☐ Floors sanitary ☐ Floors unsanitary
☐ Equipment sanitary ☐ Equipment unsanitary
☐ Evidence of insects or rodents (specify) _____

Frequency of cleaning
☐ Floor _____ ☐ Other _____

☐ Equipment _____

Comments

Cyst Disinfection

Method
☐ % done (specify) _____ ☐ Not done
☐ Done on all cysts

Comments

Product Verification

☐ Absence of non GSL products on site or in other local warehouses operated by facility
☐ Presence of non GSL products on site or in other local warehouses operated by facility

Mix cysts harvested from GSL with foreign products

☐ No ☐ Yes (specify product and dates)

Are there any other processing plants in Utah? ☐ yes ☐ no

Are dead cysts imported from out of state? ☐ y ☐ n from out of country? ☐ y ☐ n

Are live cysts imported from out of state? ☐ y ☐ n from out of country? ☐ y ☐ n

Where does live product go? _____

Where does waste product go? _____

Is there any meat, ruminant protein, or bone meal processed on this site? ☐ y ☐ n

Comments

Testing Completed Since Last Inspection

☐ Yes (attach copy of lab test results and date)
Results

☐ No current testing

Inspection Deficiencies

Inspection Comments

Signature (Facility Representative) _____ **Date** _____

Signature (UDAF Representative) _____ **Date** _____